IN THE UNITE	D STATES PATE	ENT AND TRADEMARK OFFIC	E	-	
In re Patent Application of	Atty Dkt.	160-408 C# M#	01	PE) }
IIJIMA et al	TC/A.U.	3742	Nov .		<u>(2)</u>
Serial No. 10/785,629	Examiner:	Van	PATER	¹ 2004	4
Filed: February 25, 2004	Date:	November 10, 2004	N. A.	05	<i>\veelet</i>
Title: HEAT TREATMENT APPARATUS, HE WHICH HEAT TREATMENT PROGRA			HADEI	MARK	
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
Sir:					
This is a response/amendment/letter in the incorporated by reference and the signature signature thereon.	above-identified				
☐ Correspondence Address Ind	ication Form	Attached.			
Fees are attached as calculated below: Total effective claims after amendment previously paid for 50 (at least		ghest number x \$ 18.00 -		\$	0.00
Independent claims after amendment previously paid for 9 (at least 3)		ghest number x \$ 88.00		\$	0.00
If proper multiple dependent claims now a	dded for first time	, add \$300.00 (ignore improper)		\$	0.00
Petition is hereby made to extend the curre				ው	0.00
paper and attachment(s) (\$110.00/1 month; Terminal disclaimer enclosed, add \$ 110.0		s; \$980.00/3 months)		\$ \$	0.00
•		+- 07 OFD 1 100(a) (\$700.00)		\$	0.00
☐ First/second submission after Final Re☐ Please enter the previously unente☐ Submission attached		10 37 CFN 1.129(a) (\$790.00)		Ψ	0.00
			Subtotal	\$	0.00
If "small entity," then enter half (1/2) of sub Applicant claims "small entity"		t tement filed herewith		-\$	0.00
Rule 56 Information Disclosure Statement	Filing Fee (\$180.	00)		\$	0.00
Assignment Recording Fee (\$40.00)				\$	0.00
Other:					0.00
		TOTAL F	EE ENCLOSED	\$	0.00
The Commissioner is hereby authorized to asserted to be filed, or which should have be firm) to our Account No. 14-1140. A duplication	een filed herewitl	n (or with any paper hereafter file			this

1100 North Glebe Road, 8th Floor Arlington, Virginia 22201-4714 Telephone: (703) 816-4000 Facsimile: (703) 816-4100 ARC:eaw

Signature:

NIXON & VANDERHYE P.C. By Atty: Arthur R. Crawford, Reg. No. 25,327